

# **South Carolina Retirement Systems**

## **Service Purchase**

### **Customer Training Module**

# **Disclaimer**

**THIS PRESENTATION DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT WITH A MEMBER OF THE SOUTH CAROLINA RETIREMENT SYSTEMS.**

**This presentation is meant to serve as a guide but does not constitute a binding representation of the South Carolina Retirement Systems. The statutes governing the South Carolina Retirement Systems are found in Title 9 of the South Carolina Code of Laws, and should there be any conflict between this presentation and the statutes or Retirement Systems' policies, the statutes and policies will prevail.**

**Employers covered by the South Carolina Retirement Systems are not agents of the Retirement Systems.**

***Duplication of this presentation, either in part or in whole, is forbidden without the express written permission of the South Carolina Retirement Systems.***

# **SCRS and PORS Active Member Service Purchases (not ORP)**

- **QUALIFIED SERVICE**
  - Military service
  - Approved leaves of absence
  - Public service
  - K-12 educational service (classroom teaching)
  - State ORP participation 9-11-50 (2)
- **NON-QUALIFIED SERVICE**
- **OTHER**
  - Withdrawal Service
  - Transfer from SCRS to PORS
  - Convert Class I to Class II
- 9-11-50 (I) Employers, at their discretion, may pay for service purchases
- 9-11-50 (K) Active, contributing members may purchase each type of service once each fiscal year

# **Military Service**

- **Up to six years of service credit for any period of military service for which you do not already have service credit in the South Carolina Retirement Systems**
- **All branches (U.S. Army, Navy, Marine Corps, Air Force, Coast Guard, Select Reserves, Army National Guard and Air National Guard)**
- **Discharge must be under conditions other than dishonorable**
- **The cost is 16% of the member's current earnable compensation or career highest fiscal year earnable compensation, whichever is greater, for each year purchased (prorated for partial years)**
- **Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), an employee may arrange in advance to contribute to the Retirement Systems while on active duty military leave. The cost is based on the employee's salary prior to the leave period. Under USERRA, a member returning from a leave of absence may remit contributions for the period of military service on a pre-tax basis over a period of three times the length of the military leave, but no more than five years**

# **Leave of Absence**

- **An active contributing member who was on an employer-approved leave of absence from a covered employer for up to two years, and returned to covered employment within four years may purchase service credit for the employer-approved leave period for which they do not already have service credit**
- **The cost is 16% of the member's current earnable compensation or career highest fiscal year earnable compensation, whichever is greater, for each year purchased (prorated for partial years)**

# **Public Service**

- **Any paid public service for which you do not already have service credit in another defined benefit plan and receive a retirement benefit**
- **Service as an employee of the government of the United States, a state, or a political subdivision of the U.S.**
- **Paid student service rendered as an employee of a public institution of higher learning**
- **The cost is 16% of the member's current earnable compensation or career highest fiscal year earnable compensation, whichever is greater, for each year purchased (prorated for partial years)**

# **Educational (K-12) Service**

- **Any period of paid classroom teaching of grades kindergarten through 12 in a public, private, or sectarian school for which you do not already have service credit in another defined benefit plan and receive a retirement benefit**
- **The cost is 16% of the member's current earnable compensation or career highest fiscal year earnable compensation, whichever is greater, for each year purchased (prorated for partial years)**

# **State ORP Service**

- **Active contributing members may purchase service credit for years of participation in the State ORP administered by the Retirement Systems**
- **State ORP service credit can be purchased provided an employee is not eligible to receive a retirement benefit from another defined benefit plan**
- **If a member has established State ORP service in SCRS, the career highest salary includes the highest salary in either State ORP or SCRS. Once member buys State ORP service, the State ORP salary may be used for the highest salary for other service purchases.**
- **The cost is 16% of the member's current earnable compensation or career highest fiscal year earnable compensation in SCRS or State ORP, whichever is greater, for each year purchased (prorated for partial years)**
- **Compensation associated with State ORP earned service purchased in SCRS will be considered for possible inclusion in calculating a member's average final compensation (AFC)**



# **Non-Qualified (NQ) Service**

- **As an active contributing member, must have at least five years of earned service credit to establish non-qualified service**
- **Maximum of five years (NQ) service may be purchased**
- **The cost is 35% of the member's current earnable compensation or career highest fiscal year earnable compensation, whichever is greater, for each year purchased (prorated for partial years)**

# **Previously Withdrawn Service**

- **If you previously left employment and received a refund of your contributions plus interest from the Retirement Systems, you may re-establish this service upon returning to active, contributing membership**
- **You must repay the amount you withdrew plus interest to the date your request is received**
- **Previously earned service that is withdrawn and later re-established is considered earned service**
- **Compensation associated with a re-established withdrawal will be considered for possible inclusion in calculating a member's average final compensation (AFC) and career highest fiscal year earnable compensation if the service was earned**

# **Transfer From SCRS To PORS**

## **9-11-40 (9)**

- An active contributing member of PORS may transfer non-concurrent (not earned at the same time) periods of SCRS service to their PORS account by paying 5% of their current earnable compensation for each year of service to be transferred**
- SCRS earned service that is transferred to PORS counts toward the 5 years earned service for benefit eligibility and (NQ) service purchases. It does not count toward the PORS average final compensation (AFC)**

# **Convert Class I To Class II SCRS**

- **Active contributing SCRS members with prior Class I service may convert the Class I service to Class II**
- **The cost is 2.5% of earnable compensation or the average of the 12 highest consecutive quarters of earnable compensation, whichever is greater, for each year of service converted**
- **No employer match required**

# **Convert Class I To Class II PORs**

- **Active contributing PORs member with prior Class I service may convert the PORs Class I service to PORs Class II**
- **The cost is 5% of current earnable compensation, for each year of service converted, less \$16 per month for each month converted 9-11-210 (3)**
- **PORs service credit earned prior to July 1, 1974 has an employer match of 1.5% of the member's monthly earnable compensation for each month to be converted 9-11-220 (2)(b)**
- **PORs service credit earned after July 1, 1974, has an employer match of 2.5% of the member's monthly earnable compensation for each month to be converted 9-11-220 (2)(b)**

# **Indexed Service Credit Threshold For Purchased Service Credit**

- **Effective February 1, 2005, the indexed service purchase credit threshold is based on the minimum wage at the time the service was rendered times 80 hours to arrive at a monthly threshold amount. See Indexed Service Credit Threshold Tables (attached).**
- **Enables a member to purchase full time service credit for part time employment provided they meet the minimum monthly threshold.**
- **Used in determining purchasable service credit for public service, educational service and State ORP service. Not used to determine purchasable service credit for withdrawals, leaves of absence, military, transfers of service credit, non-qualified service, workers' compensation or convert Class I to Class II.**

# **Indexed Service Credit Threshold For Purchased Service Credit**

- **May also be applied to previously purchased periods of part time credit and to previously earned periods of part time credit possibly allowing member to purchase up to full service credit for the month at an additional cost.**
- **Generally, the maximum allowable service credit is limited to the chronological date ranges.**
- **Exceptions to the indexed service credit threshold policy are:**
  - **An elected or appointed public officer;**
  - **A member who served as a legislative clerk or attaché for the General Assembly; and**
  - **A 9-month school district employee**

# Indexed Service Credit Threshold

<u>Period Threshold</u>	<u>Minimum Wage Rate</u>	<u>Indexed Service Credit</u>
• 10/38-09/39	\$ .25	\$ 20
• 10/39-09/45	\$ .30	\$ 24
• 10/45-12/49	\$ .40	\$ 32
• 01/50-02/56	\$ .75	\$ 60
• 03/56-08/61	\$1.00	\$ 80
• 09/61-08/63	\$1.15	\$ 92
• 09/63-01/67	\$1.25	\$100
• 02/67-01/68	\$1.40	\$112
• 02/68-04/74	\$1.60	\$128
• 05/74-12/74	\$2.00	\$160
• 01/75-12/75	\$2.10	\$168
• 01/76-12/77	\$2.30	\$184
• 01/78-12/78	\$2.65	\$212
• 01/79-12/79	\$2.90	\$232
• 01/80-12/80	\$3.10	\$248
• 01/81-03/90	\$3.35	\$268
• 04/90-03/91	\$3.80	\$304
• 04/91-06/96	\$4.25	\$340
• 07/96-9/96	\$4.25	\$350
• 10/96-8/97	\$4.75	\$350
• 9/97-6/06	\$5.15	\$350
• 7/06-Present	\$5.15	\$412



# **Service Purchase Restrictions**

- **Only active members can purchase service. An active member is:**
  - **An employee who is receiving compensation from an employer participating in the Retirement Systems**
  - **An employee making regular retirement contributions to the Retirement Systems**
  - **Not a retiree, SCRS TERI participant, or SCRS ORP participant**
- **No duplication of benefits in another defined benefit retirement plan (excludes military).**
- **No overlapping service credit (does not apply to non-qualified service).**
- **Non-qualified (NQ) service requires five years of earned service prior to purchase.**
- **Earned service in all correlated systems can be combined to meet NQ's 5 years earned pre-purchase requirement.**
- **Can only purchase 5 years of NQ total across all 3 correlated systems (SCRS/PORS/GARS).**
- **Each type of service credit may be purchased once within a fiscal year.**
- **Some Internal Revenue Codes (IRC) restrictions on service purchase may apply if a member has revenue in a defined contribution plan.**  
**Restrictions are specific to each case and will be addressed individually at the time of service purchase request.**

**Form 2101**

***Request for Service***

***Purchase Cost***

**REQUEST FOR SERVICE PURCHASE COST**  
Service Department  
South Carolina Retirement Systems  
PO Box 11960, Columbia, SC 29211-1960

☐ Check if applying for Service and/or  
Disability Retirement Benefits  
Date of Retirement: (mm-dd-yyyy)

As an active member of one of the South Carolina Retirement Systems, you may be entitled to purchase additional service credit. By completing this form and returning it to the address above, you are initiating the process to purchase service credit. Upon receipt of all necessary documentation, eligibility will be determined, and you will be informed by mail of the status of your request.

Last Name & Suffix (Sr., Jr., etc.): DOE	First Name/Middle Name: JOHN	Social Security Number: 000-00-0000
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Address: 1 MAIN STREET

City: COLUMBIA	State: SC	ZIP+4: 29229
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Home Telephone: 803-736-0000	Work: 803-737-0000	Date of Birth: 11-03-1961	Sex: M M=Male F=Female
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Member's full name during period of service to be	System(s) in which you are currently contributing: <input checked="" type="checkbox"/> SCRS (South Carolina Retirement System) <input type="checkbox"/> PORS (Police Officers Retirement System) <input type="checkbox"/> GARS (General Assembly Retirement System) <input type="checkbox"/> JSRS (Judges and Solicitors Retirement System)
List Current Employer(s): 1. ANY EMPLOYER 2.	

Please check the appropriate box(es) for service to be established. PLEASE REFER TO THE DEFINITIONS AND INSTRUCTIONS ON THE BACK OF THIS FORM FOR INFORMATION PERTAINING TO YOUR REQUEST.

\*Forms and instructions will be provided upon receipt of this completed form.

Note: To establish Public, Educational, and/or State ORP service, please specify the number of forms needed.

You must complete a separate form for each employer verification to be made.

- |  |  |
|--|--|
| <input type="checkbox"/> Public Service - *Number of Forms: _____                            | <input type="checkbox"/> Withdrawal Service Date(s) of Injury _____    |
| <input type="checkbox"/> Educational Service - *Number of Forms: _____                       | <input type="checkbox"/> Workers' Compensation - (MM-DD-YY) _____      |
| <input type="checkbox"/> State ORP Service - *Number of Forms: _____                         | <input type="checkbox"/> Transfer from SCRS to PORS                    |
| <input checked="" type="checkbox"/> Military Service   | <input type="checkbox"/> Convert Class I to Class II                   |
| <input type="checkbox"/> Approved Leave of Absence   | <input type="checkbox"/> Update Service Cost - _____ (Type of Service) |
| <input type="checkbox"/> Non-Qualified Service - Specify Amount of Service: _____ (YY-MM-DD) |  |

Comments or Special Instructions:

Please provide a letter from your current employer(s) verifying current annual salary. \*(see page 2 of form)

Member Signature: \_\_\_\_\_ Date: 1/1/2006

(OFFICE USE ONLY) Verification Forms Provided to Member: ☐ Yes ☐ No

Service request taken: ☐ Office Visit ☐ Telephone Call

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Call our Customer Service Department with any questions: 1-800-868-9002 (in state) or 803-737-6800.

**Form 2209**

***Service Purchase***

***Salary Verification***

**Service Purchase Salary Verification**  
**State Budget and Control Board**  
**South Carolina Retirement Systems**  
**PO Box 11960, Columbia SC 29211-1960**  
**1-800-868-9002 (in state) or 803-737-6800**

**Agency Name and Address:**

ANY AGENCY

1 MAIN STREET

COLUMBIA, SC 29229

Re: JOHN DOE

Employee Name

000-00-0000

SSN#

The employee named above has submitted a request to purchase additional service credit. In order to calculate the payment required, we must have salary information as indicated below. Current annual salary includes base salary plus any additional compensation subject to retirement withholdings (i.e. overtime pay, summer school, additional course load, differentials, stipends, coaching supplement).

■ I certify the base annual salary during fiscal year (20\_\_<sup>05</sup> \_\_-20\_\_<sup>06</sup> \_\_) for this employee to be \$ 30,000

■ I certify this employee will also earn additional compensation during fiscal year (20\_\_-20\_\_) in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_  
(Indicate reason for additional payment)

■ I certify the **current** status of this employee to be: (check applicable box)

x Actively employed and earning compensation

☐ Leave of absence with pay (on paid annual leave and/or paid sick leave)

☐ Leave of absence without pay \_\_\_\_/\_\_\_\_/\_\_\_\_ (provide date lwop began)

☐ Leave of absence without pay due to receiving Workers' Compensation benefits  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (provide date of injury)

☐ Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ (provide date of termination)

09/01/2006

Date

803-123-4567

Telephone Number

AUTHORIZED  
REPRESENTATIVE

Signature

BENEFITS ADMINISTRATOR

Title

000.00

Employer Code

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# ***Service Purchase Verification***

# **Service Purchase Verification**

- **Members are responsible for providing verification demonstrating the member is entitled to purchase service, including “official” records of former employment (i.e. dates of employment), full or part status; compensation earned during the period to be purchased; and verification of a W-2 issuance).**
- **If member is unable to obtain verification from employer’s official records, alternate verification in the form of a W-2 or detailed statement of earnings from the Social Security Administration (Form 7050) may suffice.**
- **Affidavits are not acceptable forms of verification.**

**Form 2122**  
***Request for***  
***Public/Educational***  
***Service Verification***



Please Print or  
Type in Black Ink

# REQUEST FOR PUBLIC/EDUCATIONAL SERVICE VERIFICATION

State Budget and Control Board  
South Carolina Retirement Systems  
Service Department  
P.O. Box 11960, Columbia SC 29211-1960

**PART I - MEMBER INFORMATION - To be completed by the member. A separate form must be completed for each employer verification to be made.**

Last Name & Suffix (Sr., Jr., etc.): DOE		First Name/Middle Name: JANE		Social Security Number: 000-00-0001	
Date of Birth: 11-03-1965	Address: 1 MAIL STREET			City: COLUMBIA	
State: SC	Zip+4: 29229-9504	Telephone: Work: 803 777 1234		Home: 803 736 0000	

1. List the employer name, address and dates of service:

Employer Name: DEPT OF SOCIAL SERVICES			From MM DD YYYY		To MM DD YYYY	
Address: 1000 HORSESHOE DRIVE			07	01	1985	06 30 1987
City: NEW YORK	State: NY	Zip: 12551				

2. Full name at time service was rendered, if different from above: JANE JONES

3. Position/Title: PROCESSOR

4. Was this service full time? ☐ Yes ☒ No

5. Were you covered by a public retirement system or plan? ☐ Yes ☒ No If "yes", give name of plan: \_\_\_\_\_

6. Additional comments that may help in verifying this service (if any): PROCESS DOCUMENTATION PERTAINING TO MENTAL HEALTH ISSUES AND RECOMENDATIONS.

7. Indicate any additional employer(s) for which you are seeking to obtain service verification other than that listed above:

_____	_____
_____	_____
_____	_____

I hereby request and authorize the release of the information requested on this form and any additional information necessary to document this claim for service.

Member Signature: \_\_\_\_\_ Date: 2/25/2006

PLEASE FORWARD THIS FORM TO THE EMPLOYER FROM WHICH YOU ARE SEEKING VERIFICATION TO COMPLETE PART II.

Call our Customer Service Department with any questions: 1-800-868-9002 (in state) or 803-737-6800

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Page 2 **PART II - EMPLOYER VERIFICATION - To be completed by an authorized employee of the verifying entity.**

1. Name of former employee as shown on records:

JANE JONES

2. Former employee's Social Security Number:

000-00-0001

3. Indicate, in the chart below, position title(s), exact dates of employment and amount(s) of earnings by fiscal year (July 1 - June 30). Please indicate in Column (A)-whether the employee held a 9,10, 11 or 12 month position. Indicate "Yes" or "No" for columns (B) - (D): Column (B)-was work classified as "student employment"? (employment performed by an individual at an institution in which he/she was enrolled.) Column (C)-were retirement contributions withheld from employee's pay? Column (D)-was employment full time? Column (E)-if employment was part-time, indicate percentage of time worked relative to full time employment or hourly rate of pay. If employee was a substitute teacher show number of days taught or daily rate of pay. Indicate in Column (F) if employee was issued a W2 or 1099 for employment rendered.

(A)	Position Title	From MM DD YYYY	To MM DD YYYY	Earnings	(B) Student	(C) Ret	(D) FT	(E) PT	(F) W2/1099
12	PROCESSOR	07 01 1985	06 30 86	\$6000.00	YES	NO	NO	50%	W2
12	PROCESSOR	07 01 1986	06 30 87	\$6000.00	YES	NO	NO	50%	W2

4. Provide name of retirement/pension plan:

NEW YORK EMPLOYEE RETIREMENT SYSTEM

5. Type of plan: (check one)

☒ Defined Benefit Plan ☐ Defined Contribution Plan

6. At the time service was performed, was entity public or private? ☐ Private ☒ Public

(A public entity is a governmental entity that is a part of federal, state or local government. The fact that the entity is nonprofit or receives government funds does not render the entity a governmental unit).

7. If you are unable to verify the service indicated in Part I, please explain. N/A

On the basis of official records, I certify that the individual herein identified was engaged in above stated employment, and that said individual received compensation for this service as documented above. I also certify that I am currently employed by said employer.

JAMES JOHNSON DOE

DEPT OF SOCIAL SERVICES, NEW YORK

Prepared by (please print)

Agency Name/State

N/A

Signature/Title

516 123-4567

03/31/2006

Employer Code

Telephone

Date

PLEASE FORWARD THIS FORM TO THE APPROPRIATE RETIREMENT SYSTEM OR PLAN ADMINISTRATOR TO COMPLETE PART III.

**PART III - RETIREMENT SYSTEM/ PLAN ADMINISTRATOR VERIFICATION - To be completed by the retirement system or plan administrator and then returned to the S.C. Retirement Systems.**

The individual identified in Part I of this form wishes to establish credit with the S.C. Retirement Systems for above stated service. S.C. law does not permit the purchase of this credit if the individual is eligible to receive a benefit in another defined benefit plan. Please complete the information below, indicating this individual's eligibility for retirement benefits from your system/plan.

1. Type of plan: ☒ Defined Benefit Plan  
(check one) ☐ Defined Contribution Plan

2. Were contributions remitted by:  
☐ Employer ☐ Employee

3. Has this individual withdrawn contributions?

☐ Yes ☒ No

If "Yes", give date of withdrawal: NO CONTRI

4. Is this individual receiving, or entitled to receive, a benefit based on the employment indicated in Part II? ☐ Yes ☒ No

PERRY JOE DOE

NEW YORK EMPLOYEE RETIREMENT SYSTEMS

Prepared by (please print)

Retirement System/Plan Administrator

Signature/Title

04/15/2006

516 256 3465

Date

Telephone

Please return completed form to: S.C. Retirement Systems, P.O. Box 11960 Columbia, SC 29211-1960  
Call our Customer Service Department with any questions: 1-800-868-9002 (in state) or 803-737-6800

**Form 2130**  
***Request for State***  
***ORP Service***  
***Verification***

## REQUEST FOR STATE ORP SERVICE VERIFICATION

(Applies to State ORP Service in South Carolina only)

State Budget and Control Board

South Carolina Retirement Systems

P.O. Box 11960, Columbia, SC 29211-1960

Print or type in black ink.

### SECTION I: MEMBER INFORMATION (TO BE COMPLETED BY THE MEMBER)

**A separate form must be completed for each employer verification to be made.**

Last Name & Suffix DOE	First/ Middle Name JOHN	Social Security Number 000-00-0000
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Address 1 MAIN STREET
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City COLUMBIA	State SC	ZIP+4 29229	Work Telephone 803-777-1111	Home Telephone 803-736-0000
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#### 1. LIST THE EMPLOYER NAME, ADDRESS AND DATES OF SERVICE:

Employer Name ANY UNIVERSITY	DATES OF SERVICE					
Address 1 PARK STREET	FROM			TO		
	Month	Day	Year	Month	Day	Year
City COLUMBIA	01	01	2004	03	31	2006
State SC	ZIP+4 23667					

#### 2. FULL NAME AT TIME SERVICE WAS RENDERED, IF DIFFERENT FROM ABOVE:

#### 3. PLEASE CHECK THE VENDOR(S) YOU UTILIZED FOR YOUR OPTIONAL RETIREMENT PLAN:

- ☐ AIG VALIC ☒ CITISTREET  
☐ ING FINANCIAL SERVICES, INC./AETNA  
☐ NATIONWIDE ☐ TIAA-CREF  
☐ OTHER \_\_\_\_\_

#### 4. HAVE YOU WITHDRAWN YOUR ORP FUNDS?

- ☒ No ☐ Yes (attach proof of withdrawal)

IF NO, DO YOU INTEND TO PURCHASE YOUR ORP SERVICE WITH:

- ☒ Pre-Tax Funds ☐ After-Tax Funds

#### 5. LIST ANY ADDITIONAL EMPLOYER(S) FOR WHICH YOU ARE SEEKING TO OBTAIN VERIFICATION:

_____	_____
_____	_____
_____	_____

#### 6. ADDITIONAL COMMENTS THAT MAY HELP IN VERIFYING THIS SERVICE (IF ANY):

I hereby request and authorize the release of the information requested on this form and any additional information necessary to document this claim for service.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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FORWARD THIS FORM TO THE APPROPRIATE EMPLOYER FOR COMPLETION OF SECTION II.  
Please call SC Retirement Systems Customer Service with any questions: 800/868-9002 (in state) or 803/737-6800

## SECTION II: EMPLOYER VERIFICATION (TO BE COMPLETED BY THE EMPLOYER)

1. Name of employee as shown on records: \_\_\_\_\_

2. Employee's Social Security #: \_\_\_\_\_

3. In the chart below indicate by fiscal year the position title(s), employment contract length, number of checks issued, exact dates of employment, and if employment was full time or part time (if part time, indicate percentage of time worked relative to full time employment). Provide quarterly earnings information based on dates compensation was earned, not when compensation was paid. The base wage earnings column should reflect compensation for the budgeted salary only; the additional payments column should reflect any additional payment amounts only; the total quarterly earnings column is the sum of the base wage earnings column and the additional payments column for each quarter. Please specify the reason for additional payments (summer school, stipends, workshops, furlough, overtime pay, etc.). Also, provide the ORP vendor (for each fiscal year). (Reproduce this page as necessary to provide earnings information requested.)

Fiscal Year	Budgeted Salary	Contract Length	# of Checks	Base Wage Earnings	+	Additional Payments	=	Total Quarterly Earnings	Reason for Payments
04	\$12,000.00	12	24	SEP					
				DEC					
	Dates of Employment From To	F/T (Y/N)	P/T %	MAR	\$3,000.00				
	01/01/2004 06/30/2004	Y		JUN	\$3,000.00				
	Position Title CLERK								
								Fiscal Year Total \$6,000.00	ORP Vendor CITISTREET
05	\$15,000.00	12	26	SEP	\$3,461.54	\$1,000.00		\$4,461.54	
				DEC	\$4,038.44	\$500.00		\$4,538.44	
	Dates of Employment From To	F/T (Y/N)	P/T %	MAR	\$3,461.54			\$3,461.54	
	07/01/2004 06/30/2005	Y		JUN	\$4,038.44	\$2,000.00		\$6,038.44	
	Position Title CLERK II								
								Fiscal Year Total \$18,499.96	ORP Vendor THE HARTFORD
06	\$18,000.00	12	26	SEP	\$4,153.85			\$4,153.85	
				DEC	\$4,846.17			\$4,846.17	
	Dates of Employment From To	F/T (Y/N)	P/T %	MAR	\$4,153.85			\$4,153.85	
	07/01/2005 03/31/2006	Y		JUN					
	Position Title CLERK III								
								Fiscal Year Total \$13,153.87	ORP Vendor THE HARTFORD
				SEP					
				DEC					
	Dates of Employment From To	F/T (Y/N)	P/T %	MAR					
				JUN					
	Position Title								
								Fiscal Year Total	ORP Vendor

Based on official records, I certify that the individual herein identified was engaged in public service, and that said individual was paid for this service as documented above.

Prepared by (please print): SUE JOHNSON DOE Agency Name: ANY AGENCY

Title: BENEFITS ADMINISTRATOR Employer Code: ###.## Telephone: 803 737-5555

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ***Service Purchase Methods of Payment***

# **Service Purchase Methods of Payment**

- **Lump-sum payment (check or money order)**
- **Tax-deferred rollover from the SC Deferred Compensation Program's 401(k) or 457 plans, or a 403 (b), another qualified retirement plan, or an Individual Retirement Account (IRA)**
- **Rollover pre-approval required except for SC Deferred Compensation**
- **Installment service purchase (before or after-tax plus interest)**

# **Installment Service Purchase**

- **Must obtain service purchase invoice**
- **Pre-tax or after-tax options**
- **If pre-tax – cannot pay off early unless termination or retirement**
- **Interest charged 10% (For notes activated effective 7/1/2006)**
- **Maximum payment period is two years for each year of service being purchased**
- **Minimum service cost must be at least \$500 or a six month financing period**
- **Must be paid in full prior to the member's anticipated retirement date or termination**



# Questions?